

# Steven-Johnsons syndrome secondary to mycoplasma infection presenting with vulval ulcers



Becuzzi N, Vangili K

The Townsville Hospital, Queensland  
nadine.becuzzi@health.qld.gov.au



## INTRODUCTION

This is a case of vulval ulcers presenting acutely as part of generalised mucocutaneous ulcers with a typical appearance consistent with Steven-Johnsons Syndrome (SJS). In most cases the aetiology of SJS is a drug reaction, however it can have an infective cause such as mycoplasma pneumoniae. SJS as a complication of mycoplasma pneumoniae has been predominately reported in children and young adults<sup>1</sup>.

## CASE

A 12-year old female presented with painful lip, mouth and vulval ulcers on the background of fevers, pharyngitis and cough to the emergency department and was subsequently admitted to hospital by the paediatric team. The mucocutaneous lesions appeared on day six of the patient's systemic illness and the gynaecology team was asked to consult on this usually fit and healthy adolescent. She had no significant past medical history and had never been sexually active.

On examination there were multiple dark red, shallow and well-demarcated ulcerating lesions at the posterior aspect of the introitus. Those ulcers were very tender and caused severe pain when micturating. Similar appearing ulcers were present in the mouth and on the lips. Remainder of skin and in particular the eyes were not affected. Diagnosis of SJS was made due to classical appearance and distribution of lesions in setting of generalised infection and a skin biopsy was not performed. The upper respiratory symptoms were confirmed to be caused by mycoplasma pneumoniae on nasopharyngeal swab.

Treatment with appropriate antibiotics was initiated and the patient's symptoms including the mucocutaneous lesions resolved.

## DISCUSSION

SJS is a dermatological emergency requiring prompt management. Early recognition of the condition and treatment is paramount in preventing sequelae such as development of toxic epidermal necrolysis (TEN) which is associated with a high mortality rate up to 30%<sup>2</sup>. SJS is an autoimmune reaction affecting the skin generally caused by medications or infections.

Making the right diagnosis of SJS in this case was reasonably straightforward given this was a young not sexually active adolescent with ulcers not only present in the vulval area but also in other mucocutaneous areas. The apparent respiratory symptoms were suggestive of a systemic illness as a trigger for the development of SJS. The most commonly reported infection associated with SJS is mycoplasma pneumoniae especially in our patient's age group. None of the common medications that cause SJS had been given to our patient.

Although SJS is very rare, it can be a cause for painful vulval ulcers and needs to be considered as a differential diagnosis especially in the setting of a systemic illness.

## REFERENCES

1. Mycoplasma pneumonia infection is associated with Steven-Johnson syndrome, not erythema multiforme (von Hebra). Tay YK et al. *J Am Acad Dermatol* 1996;35:757-60.
2. Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis: An Update. Dodiuk-Gad RP et al. *J Am Acad Dermatol* 2015 Dec;16(6):475-93.